Revision:	AUGUST 1991		(BPD)		OMB NO. 0936-
State/Terri		tory:	ry: South Carolina		
Citation	7.4	State	Governor's	Review	
42 CFR 430.12(b)		The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.			
			Not applical	ole. The	Governor
			Does not	wish to r	eview any plan material.
		۲	/ Wishes to specified	review o	only the plan materials enclosed document.
I hereby certify that I am authorized to submit this plan on behalf of					
State Health and Human Services Finance Commission					
(Designated Single State Agency)					
Date: March 18, 1992					
(Signature)					
Executi					Director
				(Ti	tle)
TN No. MA Supersedes TN No. N/	Appro	val Da	te 6-4-92	Ef	fective Date
IN NON/	Α				HCFA ID: 7982E

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